P12000068636

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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AMEND DRB/19

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Tango L DOCUMENT NUMBER: P12000068	overs, Inc.	
DOCUMENT NUMBER: <u>P 12.000068</u>	636	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat-	_	,
Arnaldo Qu	vinteres Name of Contact Person	
tango Lover	S, Inc	
14400 North.	Hiami AU.	
HIAMI FL. 3	3/68 City/State and Zin Code	
Anigum teres De E-mail address: (to be of the control of the contr	2 ma 1 / . Com ed for future annual report	notification)
For further information concerning this matter, please		
Arnaldo Avinteros	a1(<u>786</u>	
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Depa	artment of State:
∴ \$35 Filing Fee	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Ainfiendment Section Division of Corporations P.O.Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

In go Lovers, Inc
(Name of Corporation as currently filed with the Florida Dept, of State)

P1200068636
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "	
word "chartered," "professional association," or the abbreviation "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14400 North Mami Au Hiami Fl. 33168
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14400 North Miami All Miami Fl. 33168
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address Name of New Registered Agent 14400 North	s, Inc.
New Registered Office Address: MID M (City)	, Florida <u>33/68</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent I full familiar in Signature of New Registered Agent Signature of New Registered	with and accept the obligations of the position.

E. If amending o	r adding additional Articl	les, enter change(s) here:
(Attach <i>additio</i>	nal sheets, if necessary).	(Be specific)
A// A		
7-17		
. <u>If an amendm</u>	ent provides for an excha-	inge, reclassification, or cancellation of issued shares,
(if not an	r impiementing the amend plicable, indicate N/A)	dment if not contained in the amendment itself:
/A	pricuote, muicute (17A)	
N/H		
7		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	PD1	-	Arnaldo A. Quintero=	14400 North Hiamia
Add				MIAM! FL. 33/68
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add			,	
Remove				
6) Change		_		
Add				
Remove				

The date of each amendment(s) a	doption: 9-14-2012
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voling group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 09-	14-2012
Signature	uintens
	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoir	nted fiduciary by that fiduciary)
	Arnaldo Kvinteros
	(Typed or printed name of person signing)
	1 /.
	Director/treasurer
	(Title of person signing)

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